

The Therapist Professional Advisory Committee (TPAC) Charter

Revised 5/13/03

(I) MISSION

The **Therapist** Professional Advisory Committee (TPAC) provides advice and consultation to the Surgeon General on issues relating to the professional practice and the personnel activities, civil service (CS) and commissioned corps (CC), of the **Therapist** Category. The TPAC provides similar advisory assistance to the Chief Professional Officer (CPO) and, upon request, to the Agency and/or Program Heads of the Public Health Service (PHS), and to non-PHS Programs that routinely use PHS personnel.

(II) RELATIONSHIP OF THE TPAC TO THE UNITED STATES PUBLIC HEALTH SERVICE (USPHS)

In carrying out its' responsibilities, the TPAC operates in a staff capacity. It does not substitute for line management, or in any way exercise the prerogatives of the respective operating programs. While TPAC members are chosen from the respective PHS Agencies and organizations, they neither represent Agency management nor speak for the Agency. They are knowledgeable professionals who represent a cross section of the interests, concerns, and responsibilities of the professionals in Agencies and organizations staffed by PHS personnel.

(III) OBJECTIVES

The TPAC serves in a resource and advisory capacity to assist in the development, coordination, and evaluation of activities related to the professional discipline(s) it represents in the PHS with the specific objectives of:

1. Identifying and facilitating resolution of issues of concern as they relate to the Therapist category and related civil service professional disciplines.
2. Assessing PHS personnel needs and assisting in meeting these needs through activities in recruitment, training, utilization, and recognition of officers in the Therapist category and related civil service professional disciplines.
3. Developing position papers, statistical reports, and/or guidelines where appropriate, in order to advise and comment on matters relating to the personnel issues and professional practice of the Therapist category and related civil service professional disciplines.

4. Promoting the development and utilization of Physical Therapy, Occupational Therapy, Speech and Language Pathology, and Audiology by the PHS and other Government programs.
5. Promoting cooperation and communication among the Therapist Category and with other health professionals.
6. Promoting all aspects of the Therapist category and related civil service professionals throughout the Agencies and Programs of the PHS.
7. Providing liaison among professional disciplines within and among PHS components, and providing advice and consultation to the Agency Heads and operating programs upon request.

(IV) FUNCTIONS

In carrying out its' broad mission and objectives, the functions of the TPAC shall include, but are not limited to, the following:

1. Provide general professional advice and recommendations:
 - a. Review and comment on issues referred to the TPAC by the Surgeon General, Chief Professional Officer, Agency Heads, and/or Program Heads.
 - b. Deliberate issues, develop findings, and present recommendations to the Surgeon General and/or Chief Professional Officer.
 - c. Provide advice on the professional aspects of the Therapist category, i.e., new technologies, regulations, curricula, roles, etc.
 - d. Provide advice on ethical and professional standards issues.
 - e. Review and provide recommendations concerning proposed or needed changes to appointment standards and professional requirements, e.g., licensure required to maintain high quality staff.
 - f. Review and provide advice to the CPO and Surgeon General concerning requests for licensure waivers.
2. Act as primary resource for career development:
 - a. Advise on CC and CS practices concerning career development.

- b. Advise on operating practices concerning the appropriate/optimum use of personnel designed to best meet PHS needs and the needs of the individual.
 - c. Advise on issues related to PHS promotion practices and, for commissioned officers, assimilation into the Regular Corps for the Therapist category.
 - d. Formulate criteria for the selection of candidates for training and/or other career development options.
 - e. Identify both continuing and long-term intramural/extramural education needs of the Therapist category, and identify and recommend training and/or experience opportunities designed to meet these needs.
 - f. Review applications for long-term training, assess appropriateness of requested training in terms of the individuals' and the Service needs, and provide recommendations for the approval/disapproval of such requests.
3. Provide advice and assistance on staffing issues:
- a. Assess and project need for the Therapist category staffing levels, both CC and CS, throughout the PHS.
 - b. Provide advice on the goals, objectives, and procedures designed to meet the PHS staffing needs.
 - c. Provide guidance for recruitment to the short-term student affiliation programs (COSTEP, summer students, etc.).
 - d. Develop, and/or review and critique, category-specific PHS recruitment materials, procedures, and programs.
 - e. Help establish networks of current, as well as former, PHS professionals, who can assist and facilitate recruitment activities.
 - f. Provide guidance to approved PHS recruiters concerning the recruitment of qualified candidates to the Therapist category and related civil service professional disciplines.
 - g. Assist in the development of orientation materials for newly-hired Therapist category professionals and provide advice/recommendations concerning orientation programs.

4. Communicate and encourage appropriate use of awards/recognition systems:
 - a. Identify, establish, and help administer special professional and Therapist category specific awards, to include recognition for participation in the committees, subcommittees and Task Forces.
 - b. Maintain cognizance of the existing CS and CC award programs and opportunities.
5. Serve as a communication link and information resource for the category:
 - a. Communicate to the CC/CS Therapist category staff important information concerning professional, ethical, and technical issues.
 - b. Encourage individual membership in, and involvement with professional organizations and societies in order to promote open communication with non-federal colleagues.
 - c. Ensure the distribution of minutes and/or other TPAC-developed materials to the extent possible and appropriate to CC and CS staff. Ensure the availability of TPAC minutes to other PACs and the Office of the Surgeon General through the TPAC website.

This list of functions is not all inclusive. The TPAC has the responsibility to identify and add functions as necessary to carry out its' objectives. Such functions shall be in concert with the overall mission of the TPAC.

(V) MEMBERSHIP

1. Basic Eligibility Requirements: Members must be full-time CC or CS personnel, and at the time they are nominated and appointed to the TPAC meet the eligibility requirements for initial appointment to the Therapist category and personnel systems.
2. Staff from the Office of the Surgeon General and the Division of Commissioned Personnel (DCP) may not serve on the TPAC as a voting member.
3. Size of the PAC: The TPAC shall have no fewer than 7 and no more than 20 voting members.
4. Organizational Representation: In order to provide the range of experiences and perspectives necessary for addressing issues before the TPAC, every effort must be made to have the broadest representation possible among all agencies that are routinely staffed by Commissioned Corps Officers of the Therapist category.

5. Geographic Considerations: The TPAC will have, as voting members, at least two individuals whose regular duty station is geographically removed by a distance of 75 or more miles from the Washington Metropolitan Area.
6. Gender and Minority Representation: Every effort will be made to assure that the TPAC does not consist (1) entirely of men or entirely of women or (2) entirely of one race, as long as no selection is made to the TPAC on the basis of gender or race.
7. Personnel System: The TPAC will not consist entirely of CC or entirely of CS personnel.
8. Professional Seniority: The TPAC will have as a voting member a minimum of one individual who at the time of appointment to the TPAC has less than 5 years of professional experience as a Therapist.
9. Professional Discipline Composition: Cognizant of the fact that the TPAC is structured around the PHS Commissioned Corps defined professional categories which encompass more than one major professional discipline, to the extent possible the TPAC should contain at least one voting member who possesses the requisite credentials for each of the respective sub-disciplines that make up the category, i.e. Physical Therapy, Occupational Therapy, Speech and Language Pathology and Audiology.
10. Ex Officio Members (non-voting): The Chief Professional Officer is an ex-officio member of the TPAC [see IX (1)]. The former chair may serve 1 additional year as an ex-officio member of the TPAC [see VIII (3)]. The TPAC may identify other individuals and request that they serve as ex-officio members.
11. Liaison Members (non-voting): The TPAC may identify individuals to serve in a liaison capacity to provide information or assist with activities, e.g., staff from the OSG or DCP.

(VI) NOMINATION PROCESS

1. Annually, the TPAC will solicit, through newsletters and other appropriate means, nominations for vacancies on the TPAC from all individuals in the Therapist category and represented civil service professional disciplines. Self-nominations will be solicited. The names will be transmitted by the CPO to the nominee's respective Agency Head who may endorse the nominee(s) or provide alternate or additional nominations meeting the general representation requirements demonstrated by the original nominees. The agency Head's response will be reviewed by the TPAC and CPO who will identify, by name, those highly qualified to fill anticipated vacancies. A final list of nominees will be sent by the CPO to the Surgeon General for selection and approval.

2. This nomination process shall be conducted so that the final nomination package is available for the Surgeon General's consideration no less than 60 calendar days prior to the expiration of the regular term of the member.
3. Should the need arise to fill an un-expired term, the TPAC Chair will appoint a new member from the rank ordered list of alternates selected in the most recent TPAC election. The same process as used for regular term appointments will be followed thereafter, except that the nomination package will be conveyed to the Surgeon General as soon as possible for action. Therapists nominated to fill an un-expired term shall serve no less than one year. Once the "un-expired term" is completed, the TPAC member must compete for reappointment to the regular three-year term of membership on the TPAC in accordance with the TPAC charter. Once a TPAC member has accumulated a total of six years of service on the TPAC, he/she is not eligible for reappointment.

(VII) TERM OF APPOINTMENT

1. Terms will be staggered so that approximately one-third of the member's terms will expire annually. The TPAC has determined its operational year to be July 01 through June 30. This will be reported to The Surgeon General.
2. Once a member has accumulated a lifetime total of 6 years of service on the TPAC, they are not eligible for reappointment. Terms of office may be served consecutively at the discretion of the TPAC.
3. Alternates: Cognizant of the demands of the members primary work responsibilities and the need of the TPAC to conduct business, the TPAC has the option of establishing procedures to allow each voting member to appoint, and inform the Chairperson of, a single individual who can serve as his/her alternate. Such alternates shall have voting privileges when serving in the place of the primary member. It is the responsibility of the primary TPAC member to keep the alternate fully informed and knowledgeable of the TPAC's activities. Any Agency clearance or approval requirements for travel/per diem will have to be handled within the Agency by the primary TPAC member.
4. Attendance: Any member of the TPAC who frequently misses meetings without just cause can, at the discretion of the TPAC, be asked to voluntarily resign from the TPAC, or the TPAC can initiate a request to the Surgeon General to terminate said membership and so inform the Agency Head.

(VIII) CHAIRPERSON

1. The chairperson will be elected by the voting membership of the TPAC.

2. Term of the Chairperson: The Chairperson will serve a two (02) year term with no opportunity for re-election to that post.
3. Term of Appointment: If the term of Chairperson coincides with the expiration of that individual's membership on the TPAC, the former Chair may serve one (01) additional year as an ex officio member of the TPAC provided the Agency Head is informed and concurs with the extension, unless reappointed as a regular member per the provisions of Section (VI).

(IX) CHIEF PROFESSIONAL OFFICER (CPO)

1. TPAC Membership: The Therapist Chief Professional Officer shall be a non-voting ex-officio member of the TPAC.
2. Relationship with the TPAC: All output of the TPAC, be it correspondence, reports, minutes of its proceedings, or other, must be transmitted through the CPO who, as he/she may deem appropriate, may provide concurring or non-concurring comments but may not stop or unduly delay such transmittals.

(X). OPERATIONS AND PROCEDURES

1. Frequency of Meetings: Meetings will be held at least once each quarter throughout the operational year. The operational year begins on July 01 and ends on June 30.
2. Agenda: A meeting agenda and appropriate background material are to be made available to the TPAC members at least ten (10) calendar days prior to the scheduled TPAC meeting.
3. Records and Reporting:
 - a. Minutes of each TPAC meeting will be developed by the TPAC Executive Secretary. The minutes will be reviewed and approved by the CPO, the TPAC Chairperson and the TPAC membership.
 - b. Minutes and reports of the TPAC will be distributed to all PHS therapists, other CPOs, and other PAC Chairpersons. TPAC may also provide selected materials to other PHS officials and the Office of the Surgeon General to meet the objectives of this Charter.
 - c. Permanent files containing the TPAC minutes, annual reports, statistical reports, and all other TPAC Correspondence will be maintained by the TAPC Executive Secretary.

4. Executive Secretary: An Executive Secretary will be elected from the TPAC membership by a simple majority vote of the TAPC members. The election will be held in alternate years from the election of the TPAC chairperson. Under normal
5. Quorum: A Quorum consists of at least 50 percent of the TPAC voting membership. An alternate attending in lieu of the member shall be counted in determining the quorum requirement.
6. Voting: Each voting member of the TPAC shall have a vote. Voting action will be determined by simple majority of those voting members present.
7. Committees: The TPAC shall establish and maintain standing or ad hoc committees as needed to meet the purpose, objectives and functions of the TPAC Charter. Committee membership may include non-TPAC members provided that the committee chairperson is a voting member of the TPAC.
8. Subcommittees and Field Representatives: subcommittees and field representation shall be established to accomplish the objectives of the TPAC and meet the needs of the therapist category. The membership and the term of appointment of the TPAC subcommittees and the number of field representatives shall be determined by executive action and approved by simple majority vote of the TPAC members. Subcommittee memberships appointment as a field representative does not preclude these therapists from serving as a voting TPAC member as defined in Sections V and VI of this charter.
9. Charter Update and Approval:
 - a. The TPAC shall develop a formal written charter that is consistent with the General Charter.
 - b. The TPAC charter must be reviewed and approved by the Surgeon General.
 - c. If TPAC subsequently modifies the TPAC charter, such modifications require the review and approval of the Surgeon General.
 - d. The TAPC shall review and, if required, update its charter at least every three (03) years.
 - e. The reviewed/updated charter shall be submitted to the office of the Surgeon General, through the therapist category's Chief Professional Officer, for approval.